

Headquarters  
US Army Armor Center and Fort Knox  
Fort Knox, Kentucky 40121-5000  
5 June 2001

\*Fort Knox Reg 600-5

## Personnel - General

### INSTALLATION PREVENTION COUNCIL

**Summary.** This regulation reflects significant changes in organizing a single comprehensive and collaborative community-based prevention council to address risk behaviors and promote healthy lifestyles; consolidating the Suicide Prevention Task Force, Health Promotion Council, and Alcohol and Drug Intervention Council; and establishment of an Installation Prevention Team (IPT).

**Applicability.** This regulation is applicable to all military personnel, their family members, and civilian personnel of all organizations/activities assigned or attached to the US Army Armor Center (USAARMC) and Fort Knox.

**Suggested improvements.** The proponent of this regulation is the Directorate of Community and Family Activities (DCFA). Users are invited to send suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to CDR, USAARMC and Fort Knox, ATTN: ATZK-CFA-A, Fort Knox, Kentucky 40121-5000.

## Contents

	Paragraph	Page
Chapter 1		
General		
Purpose.....	1-1	2
Related Publications.....	1-2	2
Terminology.....	1-3	2
Policy and Guidance.....	1-4	3
Installation Prevention Council.....	1-5	3
Membership.....	1-6	4
Prevention Education.....	1-7	6
Responsibilities.....	1-8	6
Chapter 2		
Guidance		
Suicide Prevention Guidelines.....	2-1	8
Education and Training.....	2-2	14

---

\*This regulation supersedes Fort Knox Reg 600-5, 31 October 1997.

## Chapter 1

### General

1-1. Purpose. The goal of this regulation is to outline procedures to provide one mechanism for key treatment and prevention staff and commanders to discuss unit/installation risk reduction needs and enforce procedures and prevention tools that will reduce the rate of suicides, gestures, attempts, drug and alcohol usage, and promote healthy lifestyles. This regulation focuses heavily on prevention and identifies responsibilities; specifies education and training requirements, reporting procedures and minimum items required in unit standing operating procedures (SOPs); promotes prevention as the sum of our efforts to ensure healthy, safe, and productive lives for all.

#### 1-2. Related Publications.

- a. AR 40-216, Neuropsychiatry and Mental Health, 10 August 1984.
- b. AR 600-63, Army Health Promotion, 17 November 1987.
- c. AR 600-85, Alcohol and Drug Abuse Prevention and Control Program, 3 November 1986.
- d. DA Pam 600-24, Suicide Prevention and Psychological Autopsy, 30 September 1988.
- e. DA Pam 600-70, US Army Guide to the Prevention of Suicide and Self-Destructive Behavior, 1 November 1985.
- f. TRADOC Reg 350-6, Initial Entry Training (IET) Policies and Administration, 30 November 1998.
- g. TRADOC Pam 600-22, TRADOC Suicide Prevention Planning Guide, 30 September 1985.

#### 1-3. Terminology.

- a. Prevention – A proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.
- b. Risk Factors – those factors that increase an individual's vulnerability to high-risk behaviors.
- c. Ideation – A thought or perceived imagination that suicide may be the solution to an individual's problem.

Fort Knox Reg 600-5 (5 Jun 01)

d. Gesture – Any action, expressed thought, or behavior that falls short of an effort to commit suicide.

e. Attempt – Any overt act of self-destructive behavior not resulting in death.

f. Suicide – That action where a person deliberately kills oneself.

g. Alcohol and Drug Abuse Prevention and Control Program – A commander's program designed to enhance unit combat and mission readiness through proven prevention and education techniques, rehabilitating soldiers and civilian employees that are experiencing problems due to alcohol or drug abuse, and separating those not willing to change their behavior.

h. Health Promotion Program – A program to maximize readiness, combat efficiency, and work performance by enhancing the quality of life for all soldiers, Army civilians, family members and retirees, by encouraging lifestyles to improve and protect physical, emotional, and spiritual health.

1-4. Policy and Guidance.

a. The health and welfare of soldiers, family members, and our civilian work force are command responsibilities. The commanders/directors should be aware of problems and irritants and take initiatives to maintain high morale and a caring leadership.

b. Post agencies will support the installation prevention program through education, training, guidance, technical expertise, and medical treatment.

1-5. Installation Prevention Council (IPC).

a. The IPC will be chaired by the Garrison Commander, or designated representative, and meet at least quarterly to review the objectives and status of the IPC and report results to the Commanding General.

b. The mission of the IPC is to constantly assess the physical and social environment of Fort Knox and surrounding communities for potential negative or positive stressors.

c. The responsibilities of the IPC are:

(1) Discuss risk factors related to reducing the rate of suicides, gestures, and attempts.

(2) Coordinate installation prevention activities of the command with interested agencies.

(3) Evaluate the needs of the installation with regard to prevention efforts and make appropriate recommendations to the Commanding General.

(4) Review, refine, add, or delete items to the program based on an on-going evaluation of needs.

(5) Develop awareness-training needs to promote healthy lifestyles on the installation and identify appropriate forums for this training.

(6) Be aware of publicity generated with respect to suicides and alcohol and drug usage in the community and develop public awareness articles for publication.

(7) Address concerns which stress prevention and control of alcohol and drugs.

(8) Assess the effectiveness and identify activities for a successful health promotion program.

(9) Evaluate the needs of the installation with regard to the IPC and make appropriate recommendations to agencies and/or the Commanding General.

(10) Discuss unit/installation risk reduction needs. Review collaborative efforts of the Installation Prevention Team.

(11) Provide the regulatory requirements for the Suicide Prevention Task Force, Alcohol and Drug Intervention Council, and Health Promotion Council.

1-6. Membership. The IPC will be composed of the following personnel or their designated representatives.

- a. Garrison Commander, Chairperson.
- b. Commander, US Army Recruiting Command/Command Chaplain.
- c. Commander, Second Region (ROTC) U.S. Army Cadet Command.
- d. Commander, 16<sup>th</sup> Cavalry Regiment.
- e. Commander, 1<sup>st</sup> Armor Training Brigade.
- f. Commander, 4<sup>th</sup> Cavalry Brigade.
- g. Commander, US Army Medical Department Activities.

Fort Knox Reg 600-5 (5 Jun 01)

- h. Commander, US Army Dental Activity.
- i. Director of Community and Family Activities.
- j. Director of Student Services, Fort Knox Community Schools.
- k. Director, American Red Cross – Fort Knox.
- l. Inspector General.
- m. Public Affairs Officer.
- n. Provost Marshal.
- o. Staff Judge Advocate.
- p. Staff Chaplain.
- q. Commandant, NCO Academy.
- r. Chief, Behavioral Medicine Services.
- s. Chief, Armor Branch Safety Office.
- t. Chief, Civilian Personnel Advisory Center.
- u. Chief, Army Community Service.
- v. Coordinator, Child and Youth Services.
- w. Coordinator, Health Promotions.
- x. Coordinator, Health and Wellness.
- y. Chairperson, Family Liaison Office.
- z. ADAPCP Clinical Director.
- aa. Coordinator, Employee Assistance Program.
- bb. Alcohol and Drug Control Officer.

1-7. Prevention Education. An Installation Prevention Team (IPT) will work together to assist commanders and agencies in handling, developing, and implementing prevention strategies to reduce high risk behaviors and enhance unit readiness. Team members will be:

- a. Alcohol and Drug Control Officer.
- b. Alcohol and Drug Prevention Specialist.
- c. ACS Family Advocacy Manager.
- d. Law Enforcement Command Representative.
- e. Armor Branch Safety Office Representative.
- f. Behavioral Medicine Services Representative.
- g. Staff Chaplain.
- h. Chief, Social Work Service.
- i. Employee Assistance Program Coordinator.

The team will meet regularly to discuss ongoing prevention programs and strategies; use agency existing data to identify high risk units; and track, assess, and provide intervention service to units to reduce unit high risk behaviors.

1-8. Responsibilities.

- a. The Garrison Commander will:
  - (1) Chair council meeting.
  - (2) Call special meetings as needed.
  - (3) Request and conduct briefings to the Commanding General on the status of the council.
- b. Directorate of Community and Family Activities (DCFA) will:
  - (1) Be responsible for overall administration of the Fort Knox Installation Prevention Council.

(2) Chair council meetings in the absence of the Garrison Commander.

(3) Collect information and reports from command and staff, as required, to evaluate the IPC.

c. US Army Medical Department Activities (USAMEDDAC) will provide technical expertise and, at a minimum, quarterly updates and statistical data on suicides, gestures, attempts, and any other wellness concerns.

d. Substance Abuse Prevention Program:

(1) Provide, at a minimum, quarterly updates of the Alcohol and Drug Abuse Prevention and Control Program.

(2) Coordinate and provide minutes of council meetings.

(3) Spearhead the functions of the IPT.

(4) Implement the Employee Assistance Program (EAP).

(5) Certify Unit Prevention Leaders.

e. Health Promotion Program:

(1) Provide quarterly updates on wellness programs.

(2) Institute ongoing programs to promote fitness and healthy lifestyles.

## Chapter 2

### Guidance

#### 2-1. Suicide Prevention Guidelines.

##### a. Army Community Service will:

(1) Upon request provide materials (child abuse, suicide and children, domestic violence, family wellness, etc.) necessary for distributing to units and family members.

(2) Provide input, as necessary, to council members of trends seen at the unit level.

(3) Upon request from individuals in the chain of command, family, or referral agency, make a home assistance visit to ensure that family overall needs have been met, which include: financial assistance, transportation requirements, relocation assistance, personal needs (child care, food, etc.), and mortuary services.

(4) Provide family members with referral information to appropriate agencies (i.e., Social Work Service, Chaplains, American Red Cross, Army Emergency Relief, Casualty Branch).

(5) Provide follow-up with a phone call or visit to the family to assist with long-term needs or final family needs.

##### b. Fort Knox Community Schools (FKCS)/Child Development Services (CDS)/School Age Services (SAS)/Youth Services (YS).

(1) Counselors, teachers, and other school personnel; as well as CDS, SAS, and YS personnel; encountering a child, adolescent, or teenager with suicidal thoughts or behavior should contact the Ireland Army Community Hospital at 624-HELP. Parents will also be immediately contacted, except in cases involving possible child abuse by the parent.

(2) The Fort Knox Community Schools will coordinate with Army Community Service Family Advocacy Program to provide in-service training to teachers, counselors, and school staff in recognizing stress-related behaviors and what referral services are available.

##### c. G3/Directorate of Plans, Training, and Mobilization (G3/DPTM).

(1) The G3/DPTM, in coordination with Commander, MEDDAC, will collect and maintain the widest possible selection of video tape recordings, filmstrips, and 16 mm films on suicide prevention.



(2) Consolidate unit suicide prevention training and forward to DCFA on a quarterly basis for inclusion in the Commander's Quarterly Suicide Prevention Report.

d. Commander, 16<sup>th</sup> Cavalry Regiment. The Commander, 16<sup>th</sup> Cavalry Regiment, will include suicide prevention education and training in leadership development instruction to officers in selected courses. The purpose of this education and training is to sensitize leaders to suicidal dangers for soldiers and their family members.

e. Commandant, US Army Noncommissioned Officers Academy (USA NCO Academy). The Commandant, USA NCO Academy, will include suicide prevention education and training in leadership development instruction to noncommissioned officers (NCOs) in selected courses. The purpose of this education and training is to sensitize leaders to suicidal dangers for soldiers and their family members.

f. US Army Medical Department Activities (MEDDAC). The Commander, MEDDAC will:

(1) Provide technical expertise to the command, staff, and Installation Prevention Council, especially with regard to advice about stress factors that might result in increased numbers of persons at risk.

(2) Maintain suicide intervention and referral services and train health care providers in crisis prevention techniques using periodic in-service education.

(3) Develop and maintain programs of instruction (POIs), reference material, and suggested audiovisual support materials that will assist units in education and training.

(4) Assist the Office of the Staff Chaplain in providing suicide intervention training to chaplains and other interested parties.

(5) Report incidents of family member suicide ideations, gestures, or attempts to the Military Police (MP).

(6) Develop, maintain, and provide to the DCFA the following: monthly reports, extracts from psychological autopsy reports, and other useful information that will contribute to the overall evaluation of the Suicide Prevention Program. The monthly statistical update will be presented to the Suicide Prevention Task Force, and a quarterly recapitulation of these reports will be provided to G3/DPTM within 15 working days after the end of the quarter for inclusion in the installation report to the Commanding General.

(7) In all suicide attempt cases, provide responsible support by Community Mental Health Service (CMHS) for evaluation, diagnosis, and arrangement for proper treatment and handling of victims. After initial evaluation and emergency treatment, civilians, including

family members and retirees, may be referred to civilian providers for care. This support will be available on a 24-hour, 7-days-a-week basis.

(8) Responsible for maintaining/monitoring a 24-hour help line for suicide related calls.

(9) Initiate, when appropriate, actions and/or recommendations through MEDDAC and command channels to expeditiously eliminate soldiers from the service who possess personality or adjustment disorders which have been demonstrated by suicide threats, attempts, or gestures.

g. Office of the Staff Chaplain.

(1) The Staff Chaplain will, in coordination with the Installation Prevention Council, assist the command in developing an awareness and a training process with military and DOD personnel regarding issues of suicide prevention. Through communication channels with supervisory chaplains and the post Family Life Chaplain, the Staff Chaplain will monitor and assess the level of suicide awareness in units and the stress factors which may be controllable by leaders and supervisors.

(2) The Staff Chaplain will advise, assist, and offer feedback information to the Prevention Council and serve as a member of the team to facilitate policy and procedures development to be proactive in the monitoring of high risk soldiers or family members. The Staff Chaplain will ensure chaplain intervention during a suicide crisis. As a member of the Prevention Council, the Staff Chaplain works with the medical and various social services personnel to provide and support necessary training in suicide prevention and family advocacy matters.

(3) In coordination with the TRADOC Chaplain's office, the Staff Chaplain will designate Unit Ministry Team (UMT) members for specialized suicide basic and advance training at the Menninger Clinic in Topeka, Kansas. After completing this course the UMTs will be appointed as trainers for military units and qualified DOD organizations.

(4) The Staff Chaplain will provide a quarterly significant highlight to report to the G3/DPTM within 15 working days after the end of the quarter.

(5) Unit Ministry Team Responsibilities:

(a) The Unit Ministry Team (one chaplain and one chaplain's assistant) is the primary trainer at the unit level. In coordination with the Staff Chaplain and the command, the UMT will offer programs to encourage and build healthy marital and family relationships. These programs may include topics such as couple communication, marital enrichment skills, family wellness workshops, effective parenting classes, and other activities that will address the myriad relational stresses and crisis events that proceed suicidal acts or gestures.

(b) The suicide prevention and crisis management topics will address traditional crisis periods encountered in both individual and family developmental life cycles. Those transitional periods include, but are not limited to the following:

- Dating/Courtship.
- Newly Married.
- Preschool.
- School Age.
- Adolescent.
- Launching.
- Empty Nest.
- Pre-retirement/retirement.

A person's individual crisis often centers around the inability to negotiate a particular period of the family cycle. Unit ministry teams will be innovative and creative when determining and planning prevention and wellness programs.

(c) Available operational and training funds may be used to support both the chaplain UMT training mission and the implementation of programs designed for suicide prevention and crisis intervention and management.

(d) The primary mission of the chaplain UMT focuses on providing programs to build healthy family relationships and individual maturity through pastoral counseling and education. The UMT personnel will refer any suicidal individual to the medical treatment facility (MTF) or Community Mental Health Services (CMHS). When a person is referred for treatment, UMT personnel may undertake post intervention actions in their role as primary staff officers, unit chaplains or community pastors, or acting as advisors to the commanders.

h. Public Affairs Officer (PAO). The PAO is responsible for all public information relating to the Suicide Prevention Program. The PAO will act as the media advisor to the IPC members as required.

i. Provost Marshal. The Provost Marshal will:

(1) Ensure military police forces respond to potential suicide situations discretely and cautiously to avoid increasing stress.

(2) Provide feedback information to the IPC, as appropriate, on any suicide-related events that may have occurred on post.

(3) Provide reinforcing awareness training concerning identification of persons at risk for suicide to the military police at in-service training and professional development classes.

(4) Establish liaison with local civilian law enforcement agencies, as appropriate, to coordinate community suicide prevention programs and procedures.

j. Criminal Investigation Division (CID). The Commander, CID, will:

(1) Investigate all suicides or suspected suicides.

(2) Establish liaison with local civilian police agencies, as appropriate, to obtain information regarding suicide related events involving military personnel, their families, or civilian employees, which may have occurred off post, and provide such information to the task force.

(3) As allowed by appropriate regulations, provide the task force extracts from the CID reports of investigation (including psychological autopsy).

k. Civilian Personnel Advisory Center (CPAC). The CPAC will coordinate suicide prevention training and drug and alcohol training for civilian managers and supervisors.

l. Commanders at all levels will:

(1) Develop a caring command environment that is empathetic to a suicidal soldier and/or family member without loss of military discipline.

(2) Conduct unit training using the video tape recording provided by Occupational Therapy, MEDDAC. As a minimum, instructors must have completed the specialized training on suicide prevention/stress management offered by Occupational Therapy, MEDDAC, or equivalent at another station before conducting unit training.

(3) Establish SOPs at each command level, which include policy and procedures to be followed upon the discovery of a suicide, suicide attempt, or gesture.

(4) Provide written reports of all suicide prevention training conducted in the unit within 15 working days after the end of each quarter to G3/DPTM.

(5) Before unit deployment, establish a Rear Detachment Family Member Liaison Officer/NCO, conduct family member stress management education and training, establish

family member support groups and provide emergency and referral agencies' phone numbers and locations.

(6) In cases of self-inflicted injury or suicide, a Line of Duty investigation will be conducted per AR 600-8-1, Army Casualty Operations/Assistance/Insurance, para 39-2c(3), 20 October 1994.

m. Commander, 1<sup>st</sup> Armor Training Brigade, will conduct Suicide Prevention training for all soldiers undergoing IET, per TRADOC Regulation 350-6.

(1) Use the buddy system as a means of identifying high-risk soldiers.

(2) Place high-risk soldiers on a "line-of-sight" control until advised by mental health professionals that the risk has subsided or until the soldier is separated.

(3) Ensure high-risk soldiers are escorted to Community Mental Health Service (CMHS) as soon as possible for evaluation and treatment.

n. Suicide Intervention Procedures. Soldier suicide attempts: Upon finding someone who has deliberately injured themselves, take immediate action.

(1) Administer first aid, as needed.

(2) Call 911 to obtain emergency services (fire, ambulance, Military Police).

(3) The soldier will be continuously accompanied and observed by a responsible person from the unit.

(4) Notify the supervisor or other unit representative.

(5) Emergency Room personnel will provide emergency treatment, as necessary, and evaluation to determine if hospitalization for injuries is necessary. Whether or not a medical emergency, any soldier who requires Emergency Room (ER) treatment for a suicide threat, gesture, or attempt should be immediately evaluated by CMHS (if during duty hours) or placed under such level of observation deemed appropriate by the psychiatrist/psychologist on call (if after duty hours or on weekends), pending CMHS evaluation. This may include admission to the Psychiatric Inpatient Service, placement of the soldier under continuous watch in the unit, return home with observation by family members or other reliable persons, or lesser degrees of restriction based on assessment of the individual care by the CMHS on-call professional staff member. In all cases of suicide attempts, threats, or gestures seen in the Ireland Army Community Hospital Emergency Room, Emergency Room personnel will consult with the on-call CMHS professional staff member before releasing the patient from the Emergency Room.

(6) Community Mental Health Services will evaluate the soldier. Recommendation for separation from the Army will be made only if there is a psychiatric disorder or if there is a low probability of successful adjustment to the Army. The soldier will be returned to the unit with a treatment plan, which will include observation/encouragement by cadre and a "buddy" and counseling by CMHS and/or the chaplain.

2-2. Education and Training. The Suicide Prevention Program and Alcohol and Drug Abuse Prevention and Control Program are supported by caring leadership, direct intervention, education, and training. The scope of the education and training is to teach members of the Fort Knox community the myriad of susceptible factors that contribute to suicidal behavior, alcohol and drug usage, and unhealthy lifestyles and health promotions; and to teach sensitivity to the social environment that provides the climate for suicide and alcohol drug usages, characteristics of suicidal behavior, and intervention techniques.

a. General education will address suicide prevention and alcohol and drug abuse prevention as the overall reason for the education but does not need to be the sole topic. The general education program should instruct soldiers in stress management, anger control, developing parent-child development, other life-enhancing classes, and nourishment. Commanders must contact ACS (4-6291) or unit chaplain and choose, at a minimum, either stress management or anger control to meet the 1-hour annual suicide prevention training requirement. Family members and civilian employees may attend the training on a voluntary basis. The following videos, Catalog No. A0515-87-0041, "Suicide Prevention and Awareness," and Catalog No. A0515-96-0025, "Suicide Prevention," are available for commanders' use through G3/DPTM, Training Support Center, TV Branch, Video Tape Library. Unit instructor personnel may use these tapes to complement their training program. Training sources include:

Army Community Service  
(4-6291) or Unit Chaplain

Anger Control, Stress Management,  
other Life-Enhancing Classes.

Army Community Service

Parent-Child Relationships,  
Child/Spouse Abuse, Child Safety.

Unit Chaplain

Suicide Prevention, Healthy Family  
Relationships (see Staff Chaplain's  
Section).

Substance Abuse Prevention  
Program (4-1532)

Alcohol and Drug Related  
Classes, Violence in the Workplace,  
Managing Job Stress, Conflict  
Containment.

Fort Knox Reg 600-5 (5 Jun 01)

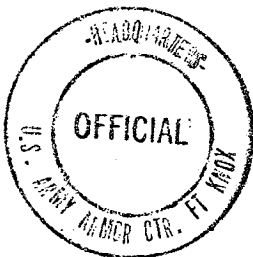
Health and Wellness Clinic

Health Related Classes to include  
Wellness Briefings (covers Tobacco,  
Cholesterol, Blood Pressure, etc.)  
Healthwise Classes, Stress  
Management, and Health Risk  
Appraisal Counseling.

b. Suicide intervention training will be provided to commanders at all levels, social workers, medical personnel, legal personnel, Family Liaison Office personnel, Military Police, ACS personnel, and others as deemed appropriate. This training will sensitize them to the social environments and situations characteristic of suicidal behavior and intervention techniques and procedures. The minimum requirement is 1 hour annually. Managers and supervisors of civilian employees who are members of a bargaining unit are reminded to notify the union before scheduling these employees for mandatory suicide intervention training. The Office of the Staff Chaplain has developed a basic training course for all chaplains and chaplain assistants in conjunction with the Menninger Clinic. Those who have attended will train the other Fort Knox UMT members.

c. Company level unit commanders will appoint a unit prevention leader who monitors urinalysis testing and prevention and education functions.

FOR THE COMMANDER:



OFFICIAL:  
GEORGE EDWARDS  
COL, GS  
Chief of Staff

ROBERT L. BROOKS  
Director, Information Management

DISTRIBUTION:  
A

CF:  
DCG, USAARMC